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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number

CLAIMS AS FILED – PART I

	(Column 1)	(Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					$_____	OR		$_____
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*		X $_____ =		OR	X $_____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*		X $_____ =		OR	X $_____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ $_____ =		OR	+ $_____ =	

* If the difference in column 1 is less than zero, enter "0" in column 2.

TOTAL   OR   TOTAL

CLAIMS AS AMENDED – PART II

A

1/26/06

		(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT A	Total (37 CFR 1.16(c))	* 27	Minus	** 20	= 7	X $_____ =	350	OR	X $_____ =	350
	Independent (37 CFR 1.16(b))	* 6	Minus	*** 3	= 3	X $_____ =		OR	X $_____ =	600
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $_____ =		OR	+ $_____ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

B

3/7/06

		(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT B	Total (37 CFR 1.16(c))	* 27	Minus	** 27	=	X $_____ =		OR	X $_____ =	
	Independent (37 CFR 1.16(b))	* 6	Minus	*** 6	=	X $_____ =		OR	X $_____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $_____ =		OR	+ $_____ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

		(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT C	Total (37 CFR 1.16(c))	*	Minus	**	=	X $_____ =		OR	X $_____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	X $_____ =		OR	X $_____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $_____ =		OR	+ $_____ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.